PARTNER DUE DILIGENCE FORM (Completed by Partner, Sales) ***Cost: GBP 12,000***

Submitted By:		Date:	

I. Partner Business Information * all information kept confidential except as required by law

Partner Type:

Legal Name: Doing Business

As (DBA): Operating Address (Principal place of business):

Additional Addresses:

Bank account information - bank and account name used for program funding
(funds coming from accounts other than what is listed here will be subject to hold.)

Principal Company Officers:

Name:

Title: Name:

Title: Name:

Title:

Representative Contact

Name: Representative

Contact Title: Contact

Telephone:

Contact Email:

Business Tax ID Number (US) / Business Registration number

(non US): Type of Business Organization:

Number of Employees:

St

ate/Country of

Incorporation/Organization: Date of

Incorporation/Organization: Corporate

/ Legal Address:

public Limited companies, please provide Exchange traded on and Ticker symbol. Owner details do not need to be filled in for publicly traded corporations.

#	Principal Owner Name	%	Residential Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Payoneer may require one or more of the documents prior to approval.

Documents supporting ownership. Provide documents from the below list to support the ownership structure for company as well as Parent Company:

- Certified Statement showing the number of shares held by owners.
- Articles of partnership or Incorporation with owners names listed.
- Shareholders information
- Directors register
- Share holding certificates
- Shareholders information submitted to a government entity such as Registrar of Companies
- Certified/Notarized copy of Company Annual Returns filed, showing Shareholders information.
- Partnership deed with owners names and share holding defined.

Is the Partner a subsidiary of another company? Yes No (If "No", go to step II. Program Information)

If "Yes", name, address and ownership of parent company: Parent company name:

Parent company address:

#	Principal Owner Name	%	Residential Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

II. Program Information

Website URL(s) - Detail all web site URLs:

1
2
3
4
5

Describe products/services offered by Partner: (Please be specific)

What payment services are you interested to offer your payees:

Service Type: Prepaid Card Global Bank Transfer Both

(include a detailed description of the business model, who will receive payments, and for what purpose)

SIGNATURE PAGE (ALL PARTIES WITH NAMES)